

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

The MEGA Life and Health
Insurance Corporation
c/o The Corporation Company
2000 Interstate Park Drive
Suite 204
Montgomery, AL 36109

2. Article Number

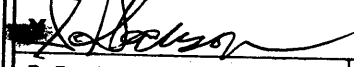
7004 2510 0006 7942 0797

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature



- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-26-05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No05CW985-B
S7C

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

National Association for the
Self Employed AIA/NAASE
c/o The Corporation Company
2000 Interstate Park Drive
Suite 204
Montgomery, AL 36109

2. Article Number

7004 2510 0006 7942 0810

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature



- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10-26-05

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No3:02CW985-B
S7C

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes